

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

JENKINS FOR CONGRESS

ADDRESS (number and street)
▼

PO BOX 727

Check if different
than previously
reported. (ACC)

HUNTINGTON

WV

25711

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00548271

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

WV

03

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer PAUL A KILGORE

Signature of Treasurer

PAUL A KILGORE

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

JENKINS FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	8610.00	25590.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	8610.00	25590.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	42124.49	42666.24
(b) Total Offsets to Operating Expenditures (from Line 14).....	95.00	95.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	42029.49	42571.24
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6558.55	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	61852.48	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 17

Write or Type Committee Name

JENKINS FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

3600.00

4350.00

(ii) Unitemized.....

10.00

240.00

(iii) TOTAL of contributions from individuals ▶

3610.00

4590.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

5000.00

21000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

8610.00

25590.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

95.00

95.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

8705.00

25685.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 17

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	42124.49	42666.24
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	42124.49	42666.24

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	39978.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8705.00
25. SUBTOTAL (add Line 23 and Line 24).....	48683.04
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	42124.49
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6558.55

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

CLEVELAND BENEDICT**A.**

Mailing Address HC 37 BOX 155

City

LEWISBURG

State

WV

Zip Code

24901

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2014

Transaction ID : SA11AI.9588

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

CLEVELAND BENEDICT**B.**

Mailing Address HC 37 BOX 155

City

LEWISBURG

State

WV

Zip Code

24901

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2014

Transaction ID : SA11AI.9607

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

STUART R. SWANSON**C.**

Mailing Address 4433 BRENTWOOD CT SW

City

ROANOKE

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2014

Transaction ID : SA11AI.9590

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3600.00

3600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 17

☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

ERNST & YOUNG POLITICAL ACTION COMMITTEE

A.

Mailing Address 1101 NEW YORK AVENUE, NW

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00227744

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 02 / 2014

Transaction ID : SA11C.9589

Amount of Each Receipt this Period

5000.00

2014 GENERAL DEBT RETIREMENT

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

5000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FIFTH THIRD BANK

Mailing Address 517 9TH STREET

City	State	Zip Code
HUNTINGTON	WV	25701

Purpose of Disbursement
BANK FEES

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2014

Amount of Each Disbursement this Period

28.99

Transaction ID : SB17.9609

B. FIFTH THIRD BANK

Mailing Address 517 9TH STREET

City	State	Zip Code
HUNTINGTON	WV	25701

Purpose of Disbursement
BANK FEES

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		10		2014

Amount of Each Disbursement this Period

20.50

Transaction ID : SB17.9610

C. FRANK FUSCARDO

Mailing Address 124 STAMFORD PARK DRIVE

City	State	Zip Code
HUNTINGTON	WV	25705

Purpose of Disbursement
OFFICE RENT

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		06		2014

Amount of Each Disbursement this Period

185.29

Transaction ID : SB17.9611

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

234.78

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PULLMAN PLAZA HOTEL

Mailing Address 1001 3RD AVE

City	State	Zip Code
HUNTINGTON	WV	25701

Purpose of Disbursement
EVENT FACILITY RENTAL

001

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2014

Amount of Each Disbursement this Period

990.88

Transaction ID : SB17.9615

B. BULLDOG CREATIVE

Mailing Address 400 COMMERCE AVE

City	State	Zip Code
HUNTINGTON	WV	25701

Purpose of Disbursement
PRINTING

001

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		11		2014

Amount of Each Disbursement this Period

6592.68

Transaction ID : SB17.9594

C. MICHAEL CHIRICO

Mailing Address 32 WOODLAND DRIVE

City	State	Zip Code
HUNTINGTON	WV	25705

Purpose of Disbursement
MILEAGE

001

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2014

Amount of Each Disbursement this Period

677.40

Transaction ID : SB17.9592

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8260.96

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CONQUEST COMMUNICATIONS

Mailing Address 2812 EMERYWOOD PKWY

City	State	Zip Code
RICHMOND	VA	23294

Purpose of Disbursement
COMMUNICATIONS CONSULTING

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 18 / 2014

Amount of Each Disbursement this Period

1633.08

Transaction ID : SB17.9601

B. HARPER POLLING

Mailing Address 121 STATE ST

City	State	Zip Code
HARRISBURG	PA	17101

Purpose of Disbursement
POLLING

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 17 / 2014

Amount of Each Disbursement this Period

4091.00

Transaction ID : SB17.9597

C. IMGE LLC

Mailing Address 603 KING STREET 4TH FLOOR

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
MEDIA CONSULTING

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 17 / 2014

Amount of Each Disbursement this Period

5297.00

Transaction ID : SB17.9599

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

11021.08

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. KAP STRATEGIES

Mailing Address 229 EVANS LANE

City	State	Zip Code
ALEXANDRIA	VA	22305

Purpose of Disbursement
FUNDRAISING CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2014

Amount of Each Disbursement this Period

913.40

Transaction ID : SB17.9603

B. MARK BLANKENSHIP ENTERPRISES

Mailing Address 723 KANAWHA BLVD EAST STE 800

City	State	Zip Code
CHARLESTON	WV	25301

Purpose of Disbursement
RESEARCH CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2014

Amount of Each Disbursement this Period

1590.00

Transaction ID : SB17.9604

C. MAYFAIR STREET LLC

Mailing Address 3101 N HAMPTON DRIVE UNIT 404

City	State	Zip Code
ALEXANDRIA	VA	22302

Purpose of Disbursement
FIELD CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		17		2014

Amount of Each Disbursement this Period

10000.00

Transaction ID : SB17.9598

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

12503.40

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 12 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

EVAN H JENKINS

Nature of Debt (Purpose):

TRAVEL EXPENSES, MEETING EXPENSES,
OFFICE SUPPLIES, PRINTING, POSTAGE

Mailing Address 121 OAK LANE

City State

HUNTINGTON

Zip Code

WV

25701

Outstanding Balance Beginning This Period

5045.46

Transaction ID : SD10.1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5045.46

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ANDREW SERE

Nature of Debt (Purpose):

STRATEGY CONSULTING

Mailing Address 1425 P ST NW #406

City State

WASHINGTON

Zip Code

DC

20005

Outstanding Balance Beginning This Period

50000.00

Transaction ID : SD10.2

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BULLDOG CREATIVE

Nature of Debt (Purpose):

PRINTING

Mailing Address 400 COMMERCE AVE

City

HUNTINGTON

State

WV

Zip Code

25701

Outstanding Balance Beginning This Period

6592.68

Transaction ID : SD10.3

Amount Incurred This Period

0.00

Payment This Period

6592.68

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) ▶

55045.46

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 13 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESSA. Full Name (Last, First, Middle Initial) of Debtor or Creditor
COMCASTNature of Debt (Purpose):
INTERNET

Mailing Address 1701 JOHN F KENNEDY BLVD

City State Zip Code
PHILADELPHIA PA 19103

Outstanding Balance Beginning This Period

27.72

Transaction ID : SD10.4

Amount Incurred This Period

0.00

Payment This Period

27.72

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CONQUEST COMMUNICATIONSNature of Debt (Purpose):
COMMUNICATIONS CONSULTING

Mailing Address 2812 EMERYWOOD PKWY

City State Zip Code
RICHMOND VA 23294

Outstanding Balance Beginning This Period

1633.08

Transaction ID : SD10.5

Amount Incurred This Period

0.00

Payment This Period

1633.08

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
FRONTIER COMMUNICATIONSNature of Debt (Purpose):
TELEPHONE

Mailing Address 3 HIGH RIDGE PARK

City State Zip Code
STAMFORD CT 06905

Outstanding Balance Beginning This Period

45.57

Transaction ID : SD10.6

Amount Incurred This Period

0.00

Payment This Period

45.57

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) ▶

0.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 14 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HARPER POLLING

Nature of Debt (Purpose):

POLLING

Mailing Address 121 STATE ST

City State

HARRISBURG

Zip Code

PA**17101**

Outstanding Balance Beginning This Period

4091.00**Transaction ID : SD10.7**

Amount Incurred This Period

0.00

Payment This Period

4091.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

IMGE LLC

Nature of Debt (Purpose):

MEDIA CONSULTING

Mailing Address 603 KING STREET 4TH FLOOR

City State

ALEXANDRIA

Zip Code

VA**22314**

Outstanding Balance Beginning This Period

5297.00**Transaction ID : SD10.8**

Amount Incurred This Period

0.00

Payment This Period

5297.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

JUSTIN ZINK

Nature of Debt (Purpose):

FIELD CONSULTING

Mailing Address 1415 4TH AVE APT 338

City

HUNTINGTON

State

WV

Zip Code

25701

Outstanding Balance Beginning This Period

7500.00**Transaction ID : SD10.9**

Amount Incurred This Period

0.00

Payment This Period

7500.00

Outstanding Balance at Close of This Period

0.001) **SUBTOTALS** This Period This Page (optional) ▶**0.00**2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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PAGE 15 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESSA. Full Name (Last, First, Middle Initial) of Debtor or Creditor
KAP STRATEGIESNature of Debt (Purpose):
FUNDRAISING CONSULTING

Mailing Address 229 EVANS LANE

City State Zip Code
ALEXANDRIA VA 22305

Outstanding Balance Beginning This Period

913.40

Transaction ID : SD10.10

Amount Incurred This Period

0.00

Payment This Period

913.40

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MARK BLANKENSHIP ENTERPRISESNature of Debt (Purpose):
RESEARCH CONSULTING

Mailing Address 723 KANAWHA BLVD EAST STE 800

City State Zip Code
CHARLESTON WV 25301

Outstanding Balance Beginning This Period

1590.00

Transaction ID : SD10.11

Amount Incurred This Period

0.00

Payment This Period

1590.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MAYFAIR STREET LLCNature of Debt (Purpose):
FIELD CONSULTING

Mailing Address 3101 N HAMPTON DRIVE UNIT 404

City State Zip Code
ALEXANDRIA VA 22302

Outstanding Balance Beginning This Period

10000.00

Transaction ID : SD10.12

Amount Incurred This Period

0.00

Payment This Period

10000.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) ▶

0.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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PAGE 16 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESSA. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MICHAEL CHIRICONature of Debt (Purpose):
MILEAGE

Mailing Address 32 WOODLAND DRIVE

City State Zip Code
HUNTINGTON WV 25705

Outstanding Balance Beginning This Period

677.40

Transaction ID : SD10.13

Amount Incurred This Period

0.00

Payment This Period

677.40

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
STRATEGIC ADVANCE SERVICES LLCNature of Debt (Purpose):
TRAVEL EXPENSE

Mailing Address 611 PENNSYLVANIA AVE SE #267

City State Zip Code
WASHINGTON DC 20003

Outstanding Balance Beginning This Period

2500.00

Transaction ID : SD10.14

Amount Incurred This Period

0.00

Payment This Period

2500.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
THE REGISTER-HERALDNature of Debt (Purpose):
SUBSCRIPTION

Mailing Address 801 N KANAWHA STREET

City State Zip Code
BECKLEY WV 25801

Outstanding Balance Beginning This Period

7.83

Transaction ID : SD10.15

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7.83

- 1) **SUBTOTALS** This Period This Page (optional) ▶
- 2) **TOTALS** This Period (last page this line number only) ▶
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

7.83

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

PAGE 17 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THEODORE COMPANY LLC

Nature of Debt (Purpose):

FUNDRAISING CONSULTING

Mailing Address 8616 BUCKBOARD DR

City State

Zip Code

ALEXANDIRA

VA

22308

Outstanding Balance Beginning This Period

1183.75

Transaction ID : SD10.16

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1183.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

WEST VIRGINIA STATE MEDICAL ASSOCIATION

Nature of Debt (Purpose):

GOTV WALKERS

Mailing Address PO BOX 4106

City State

Zip Code

CHARLESTON

WV

25364

Outstanding Balance Beginning This Period

5615.44

Transaction ID : SD10.17

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5615.44

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

6799.19

2) **TOTALS** This Period (last page this line number only) ▶

61852.48

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

61852.48